

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 PH 5:35

1. DOCUMENT # L02000001262

Name and Mailing Address

0002757 01 AT 0.292 **AUTO T3 0 0615 32713-436858

SOUTHERN WINDOWS, LLC
58 GRACIE ROAD
DEBARY FL 32713-4368



US

2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/16/2002	
Principal Place of Business 58 GRACIE ROAD DEBARY FL 32713 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 412024179	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED: <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent ENGELS, TIMOTHY 58 GRACIE ROAD DEBARY FL 32713	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *Timothy P. Engels* **SIGNATURE REQUIRED** Date *Oct 18, 03*
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<i>mgr</i>	<i>Timothy P. Engels</i>	<i>58 Gracie Rd. DeBary, FL 32713</i>	<i>DeBary FL 32713</i>

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REINSTATEMENT *03*
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12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager *Timothy P. Engels* **SIGNATURE REQUIRED** Date *Oct 18, 03* Daytime Phone # *386-214-5217*

Typed or printed name of signing Managing Member/Manager